

4239

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		County <u>Pinal</u> State <u>Arizona</u>		State File No. <u>079</u>	
District or Township <u>Ray</u>		City <u>Ray</u> No. <u>Ray Central #15</u>		Registered No. <u>8</u>	
2. FULL NAME <u>James H. Gish</u>		(a) Residence No. <u>Ray Ariz</u> St. <u></u> Ward <u></u>		(If non-resident, give city or town and State)	
Length of residence in city or town where death occurred		yrs. <u>3</u> mos. <u>15</u> ds.		How long in U. S. if of foreign birth? yrs. <u></u> mos. <u></u> ds. <u></u>	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>Single</u>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u></u>					
6. DATE OF BIRTH (month, day and year) <u>1/26/1870</u>					
7. AGE	Years <u>60</u>	Months <u>11</u>	Days <u>27</u>	IF LESS than 1 day <u></u> hrs. <u></u> or <u></u> min. <u></u>	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Miner</u>					
(b) General nature of industry, business or establishment in which employed (or employer) <u>None</u>					
(c) Name of employer <u>None</u>					
9. BIRTHPLACE (city or town) (State or country) <u>Arkansas</u>					
10. NAME OF FATHER <u>B. F. Gish</u>					
11. BIRTHPLACE OF FATHER <u>don't know</u> (city or town)					
12. MAIDEN NAME OF MOTHER <u>Elmira Pope</u>					
13. BIRTHPLACE OF MOTHER <u>don't know</u> (city or town)					
14. Informant <u>E. S. Orr</u> (Address) <u>Ray Ariz</u>					
15. Filed <u>2-10-1931</u> <u>O. E. Wiggins</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>Jan 23</u> 19 <u>31</u>					
17. I HEREBY CERTIFY, That I attended deceased from <u>Nov 30</u> , 19 <u>30</u> to <u>Jan 23</u> , 19 <u>31</u> , that I last saw him alive on <u>Jan 23</u> , 19 <u>31</u> , and that death occurred, on the date stated above, at <u>12:30 P. M.</u> The CAUSE OF DEATH* was as follows: <u>Pulmonary Tuberculosis -</u>					
CONTRIBUTORY (Secondary) <u>Cerebral Hemorrhage</u> (duration) <u>8</u> yrs. <u></u> mos. <u></u> ds.					
18. Where was disease contracted If not at place of death? <u></u> Did an operation precede death? <u>No</u> Date of <u></u> Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>Physic. Exam.</u> (Signed) <u>O. E. Wiggins</u> M. D. <u>1-24-1931</u> (Address) <u>Ray Ariz.</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Ray Ariz</u> DATE OF BURIAL <u>1/24/1931</u>					
20. UNDERTAKER <u>Albert Foreman</u> ADDRESS <u>Ray</u>					